

Date of this notice:		
Name of the offender:		
Address of offender:		
City, State, Zip Code:		D.O.B. / /
SSN:	M/V Registration Number:	
Offense: MGL 94C s. 32L Possession of one ounce or less of marijuana/THC.		
		Civil Penalty: \$
Other offenses(s):		Civil Penalty: \$
Date and Time of violation:		
Location of violation:		
Offender signature:	ID#	Agency Code

X_____

☐ Offender under age 18. Parent/guardian name: _____

(1) You may elect to pay the above penalty, either by appearing in person OR WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF THIS NOTICE mailing a copy of this citation and enclosing a check, money order, or postal note made payable to:

City/Town, zip code: _____

(2) If you desire to contest this matter in a non-criminal proceeding, you may do so by making a written request, and enclosing a copy of this citation, **WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF THIS NOTICE TO:**

City/Town, zip code: _____

(3) If you fail to pay the above penalty or to appear as specified, you may be subject to court action.

B. ☐ I hereby request a noncriminal hearing on this matter.

Signature_____